

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 4 — 0 9 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) (13) (A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 2.25 Millionb. FFY 2005 \$ 6.75 Million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, page 171.1

Attachment 4.19-D, page 191.9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

New

10. SUBJECT OF AMENDMENT:

Nursing Facility Reimbursement for Nursing Facilities with High Medicaid  
Occupancy

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James M. Davy

14. TITLE:

Commissioner

15. DATE SUBMITTED:

9-29-04

16. RETURN TO:

Division of Medical Assistance and  
Health Services  
P.O. Box 712, #26  
Trenton, NJ 08625-0712

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Dennis G. Smith

22. TITLE:

Director, CMSA

23. REMARKS:

**STATE PLAN AMENDMENT**

For the purpose of establishing a supplement to the prospective per diem reimbursement rates for routine patient care expenses incurred by nursing facilities, the New Jersey Medicaid Program shall utilize the formula explained below to provide for a supplement to the prospective per diem reimbursement rates for nursing facilities participating in the Medicaid program that had a Medicaid patient day occupancy level at or above 75 percent on June 30, 2004.

The formula for determining the supplement to the prospective per diem reimbursement rate for a nursing facility is based upon the Medicaid patient day occupancy level, such that a facility with a higher Medicaid patient day occupancy level shall receive a larger supplement than a facility with a lower Medicaid patient day occupancy level. Each eligible facility shall receive its distribution according to the following formula:

$$E = (A) \text{ Medicaid Days} / (T) \text{ Medicaid Days} \times (F)$$

Where "E" is the entitlement for a specific nursing home resulting from this allocation, "(A) Medicaid Days" is an individual nursing home's reported Medicaid days on June 30, 2004, "(T) Medicaid Days" is the total reported Medicaid days for all nursing homes with Medicaid utilization of at least 75 percent and "(F)" is the total amount of State and federal funds (\$18 million) to be distributed.

No nursing home shall receive a total allocation greater than the amount lost based on April 1, 1995 rates. This will be determined by comparing the rates that were effective on March 31, 1995 to the rates that became effective April 1, 1995.

The supplement allowed by this provision will be applied to a nursing facility's total number of Medicaid days for the period from July 1, 2004 to June 30, 2005. Any amount which is appropriated by the State for this supplement during State Fiscal Year 2005 and which is not expended during the Fiscal Year will be deposited in a reserve account in the General Fund.

04-09-MA(NJ)

TN: 04-09  
Supersedes TN: **New**

Approval Date APR 19 2005  
Effective Date JUL - 1 2004

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**Nursing Facilities  
Miscellaneous Addenda**

<b>Table of Contents</b>	<b>Page</b>
Cooperative Buying Incentive	172
Availability of Date	174
Annual Submittal - October 1, 1991	175
Annual Submittal - October 1, 1992	177
Annual Submittal - October 1, 1993	179
Transitional Relief for Salary Region Adjustment	181
Annual Submittal - October 1, 1994	184
Annual Submittal - October 1, 1995	186
Annual Submittal - October 1, 1996	188
Annual Submittal - October 1, 1997	190
High Medicaid Occupancy Grant-in-Aid Appropriated 1995	191.1
High Medicaid Occupancy Grant-in-Aid Appropriated 1996	191.2
High Medicaid Occupancy Grant-in-Aid Appropriated 1997	191.3
High Medicaid Occupancy Grant-in-Aid Appropriated 1998	191.4
High Medicaid Occupancy Grant-in-Aid Appropriated 1999	191.5
High Medicaid Occupancy Grant-in-Aid Appropriated 2000	191.6
High Medicaid Occupancy Grant-in-Aid Appropriated 2001	191.7
High Medicaid Occupancy Grant-in-Aid Appropriated 2002	191.8
High Medicaid Occupancy Grant-in-Aid Appropriated 2004	191.9
Annual Submittal - October 1, 1998	192

04-09-MA(NJ)

TN 04-09  
Supersedes TN New

Approval Date APR 19 2005  
Effective Date JUL - 1 2004